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Vol. XII. HALIFAX, NOVA SCOTIA, SEPTEMBER, 1900. No. 9.

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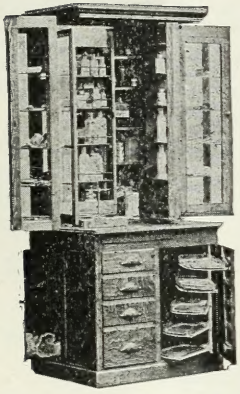

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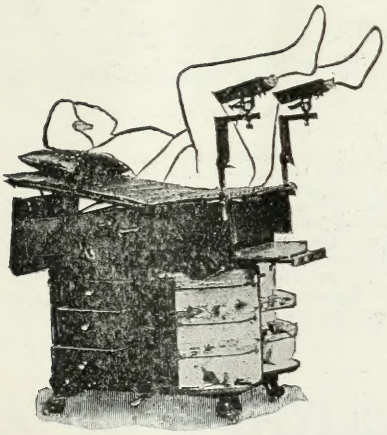

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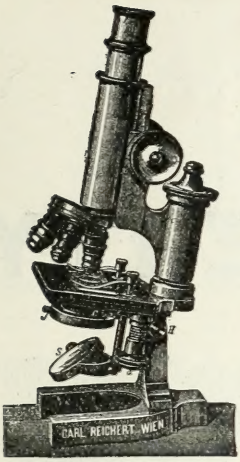


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## Original Communications.

### TROPICAL DISEASES.*

By F. W. Cox, M. D., late Capt. Asst. Surgeon, 1st South Dakota Volunteer Infantry.

The subject of tropical diseases, I presume is a new one to you, as it is before associations in general in the United States. Not so in the United Kingdom, as the subject has received important attention there for many years, because of the extent of England's colonial possessions in the tropics. Conditions have somewhat changed in the United States and the question of colonial extension is one interesting politicans to a very animated extent. Since our acquisition of Hawaii, Cuba, Porto Rico and the Philippines, the Medical Department has been compelled to take cognizance of tropical diseases. Johns Hopkins University sent to the Philippines a year ago Prof. Simon Flexner and Prof. Barker with assistants for the purpose of investigation. I met them a number of times, but was not able at that time to learn much of their investigation. Already some of the great American schools have added a chair devoted to diseases of the tropics. One of the best works I have seen bearing on this subject is one by Dr. Patrick Manson of Dublin.

I shall devote myself only to short comments on some of the prevalent diseases as I found them in the Philippines. Many of these diseases prevail in our country, yet when we consider that these islands are near

*Read before the State Medical Society of South Dakota, at Aberdeen, South Dakota.

the equator, climatic conditions here compared with the north are very pronounced, with its distinct rainy and dry seasons, with the temperature never below 65 degrees, and therefore very enervating. Indeed the powers of resistance to disease are very much less and consequently the disease usually appears in a worse form than we are accustomed to see it in the invigorating north and the mortality considerably greater.

About the first and one of the most annoying, though never serious trouble, one experiences, is lichen tropicus or prickly heat. After leaving Honolulu and dropping down into the warm seas nearly every one experienced the intense desire to scratch himself. It was very annoying to say the least, and sometimes very persistent. Alkaline tonics and alkaline bathing constituted the treatment.

Typhoid and malaria fevers are quite common and in fact nearly all tropical diseases are germ disorders. The water supply of Manila is considered good, but in the outside towns and in the country, as bad as can be imagined. The Philippinos are very negligent of sanitary matters, and the country in and about Manila for a distance of about forty miles to the mountains is flat level country and during the rainy season almost completely covered with water. With these conditions existing typhoid and malaria must be common. It has been estimated that 75 per cent of all the troops were afflicted with a malaria disorder, though some observers believed it was not a true malaria but denominated it intestinal fever. However, in reports they were classified as malaria. Quinine could be borne in very large doses, though I personally seldom followed it up in this way but often gave an initiatory dose of fifteen or twenty grains and followed it up with three grains every four hours. Congestion of the liver and enlargement of the spleen were present and occasionally purpura hæmorrhagica, yet the disease malaria usually succumbed under this treatment. After the passing of the acute stage, the elixir of quinine, iron and strychnia followed up, gave good results.

In typhoid the usual antiseptic and supporting treatment was adopted along with the ice cold baths which only tended to increase my former strong belief in the efficacy of cold bathing in this disease. Of course many of the typhoids died, and sometimes very suddenly, but there is no doubt that many a poor boy's life was saved in the Philippines by the agency of ice baths.

Venereal disease of course was prevalent in the army and a great deal of it exists in Manila. Most of it is of the mixed infection and

requires careful attention, though amendable to treatment, which was contrary to the doctrine taught me in my college days, that infection of this kind, found in a race in the tropics, brought about a very persistent form of the disease hardly to be controlled by our so called known specifics. But that in the Philippines was not of a serious form.

Intestinal disorders are very common, much to be dreaded and very obstinate. In fact, I believe a well established diarrhœa or dysentery cannot fully recover here but requires a more cool and invigorating climate before the condition becomes successfully remedied. The existing causes were excessive heat, improperly cooked food, and excessive drinking of beer and native liquors. The mortality in the acute form is heavy. Bismuth salts—subnitrate and subgallate—in small frequent doses and in large doses, the intestinal antiseptics and astringents usually employed, availed nothing. A restricted diet of milk and eggs gave relief and was imperative. Stimulants added to the trouble.

Dysentery required much the same treatment and with the usual poor results. Ipecac in large doses, 20, 30 or 40 grains was often given and often with good results. The natives used an infusion from simaruba which occasionally gave good results when ipecac failed. During the acute stage injections of boracic acid were used frequently, afterwards injections of silver nitrate always with some benefit, but these cases usually required a trip to Japan or a discharge from the army and a return to America before recovery set in. Oftentimes they remained chronic and during the acute stage the mortality is considerable.

Small-pox presents symptoms usually described in text books but rather different from that presented by the mild epidemic called small-pox by our boards of health that prevail throughout the different states at the present time. I saw many cases among the troops and among the natives. In fact I think I am correct in stating that one in three of the natives show effects of small-pox and many of them die of this dread disease, most of them culminating in the hæmorrhagic form. As they were hurried off to the small-pox hospital I had no means of knowing much concerning treatment.

Pemphigus was a disease which I met for the first time though I believe not strictly a tropical disease. I met my first cases and very serious ones they were, on duty in the general hospital at Cavite. It is a bullous eruption but under certain conditions they become altered as to be scarcely recognized, and in many cases they form a striking feature I saw several of the vulgaris forms among our state troops appearing in

large blebs about the wrists or ankles. They would break down and generally heal very slowly. In the Cavite general hospital I had four cases of the foliaceus variety, the surface presenting a raw condition with numerous partially attached thin sheets of epidermis, which resulted from ruptured bullæ. The course of this eruption is most chronic and rebellious to treatment. The patient suffers greatly and usually succumbs. Of the four cases I speak of, two died, one of pneumonia and the other of exhaustion. Locally I used potassium permanganate in solution of varying strength and soothing ointments and internally arsenic administered with a free hand.

Berl-beri was another disease that did not effect our troops but I saw about seven hundred cases among our prisoners in Cavite. About four hundred of these were transferred to the old Spanish marine hospital at Conacao, about three miles distant—the others less severe were still in prison. The condition I found this prison in did not reflect much credit to our nation and I attributed this outbreak to the filthy and damp condition of the dungeons and the heavy foods given to the prisoners, foods to which they were altogether unaccustomed. It is an endemic disease and undoubtedly due to an infectious micro-organism. Fortunately it confines itself to the natives principally and might be said to be confined to the Asiatic Pacific coast. The majority of symptoms are those of anæmia and might be properly termed as endemic neuritis. There is serous effusion, œdema eventually of the whole body, effusions into serous cavities—most frequently the pericardium. The paralysis present is accounted for by the alterations found in the spinal cord as well as pressure by effusion on its surface. The acute form often proves fatal in a few hours but most commonly it is prolonged several weeks. The fatality is large and of the treatment I can say little but believe tonics and stimulants are indicated, diaphoretics and diuretics for the relief of the œdema and dropsical effusion.

Dhobie's itch is a name popularly given by English physicians in the orient, to a form of tinea appearing on the inside of the thighs and about the scrotum. It is intensely itchy and annoying. The use of chrysophanic acid ointment 20 grains to the ounce will cause a cure but it generally recurs, as all the laundry of clothing is done by the natives in cold water and consequently the germ is not destroyed.

The large tropical indolent ulcers occurring on two-thirds of the troops was undoubtedly due to the close and long confinement of leggins, etc., about the feet whilst campaigning on the field, as the troops were

harassed at night and caused constant watching on their part. The wading through mud swamps also greatly increased the trouble. Stimulating ointments and powders and a solution of silver nitrate were commonly used.

The last disease I will mention is leprosy. There are about two hundred cases in the Lazaretto in Manila which I visited on two occasions. It is managed by Philippines and appears to be done very creditably. Here are some horrible cases to view, which these two photos will well picture to you. Yet for all that they did not appear unhappy, and a large group of them were chanting their airs in the chapel on these occasions. I also came across a leper occasionally on the march. There are a great many more in the southern Philippines, and I was informed on best authority that there are no less than 30,000 lepers in China.

There are two forms, tubercular and anæsthetic. Certain areas about the extremities become maculated and anæsthetic, pigment disappears and the skin becomes perfectly white. The mucous membranes become involved, loss of sight frequently occurs and the conditions become horrible beyond description as those photos show. Fortunately this class does not last long. The anæsthetic form is extraordinarily chronic and persists for years without deformity.

Asiatic cholera occasionally visits these islands, and a few years ago almost depopulated Manila.

Bubonic plague reached Manila on the eve of my return to the United States, so I had no opportunity and not much desire of seeing these diseases.

# ARTERIO-SCLEROSIS.*

By C. D. Murray, M. B., C. M, (Edin.), Professor of Clinical Medicine and Embryology, Halifax Medical College.

It is with very great diffidence that, in the absence of my friend, Dr. Hattie, who was to have opened this discussion on arterio-sclerosis, I attempt to deal briefly with the subject, to present some ideas which—to use a mixed metaphor—may be a peg on which to hang a discussion.

It is only during the last decade that this disease has come, through the works of Thoma, MacCrorie, Gull and Sutton, to be recognized as a pathological entity. Formerly considered a physical sign accompanying other diseases, now it is defined as a general disease, in which the lesions may be localized in certain organs, or disseminated through many organs, its exact incidence being determined by the predisposition of certain organs to develope sclerotic changes, and by the selective action upon the organ of the morbigenic element. The general condition in a lesser degree always accompanies the more localized lesion in particular organs.

Before treating further in general terms of the disease, I would like to briefly describe a rather well marked case which came under my notice last winter in the wards of the Victoria General Hospital at Halifax, and which though not of an uncommon character, was interesting in the fact that the condition of the patient closely conformed to the clinical description given by some writers.

J. K., a fireman on a steamer, aged 49 years, when first seen by me was suffering from fluid in the abdominal cavity which was accompanied by œdema of the lower extremities. The condition was of very recent occurrence. Patient gave a history of having always enjoyed good health; no history of syphilis or alcoholism; his employment had been heavy, and under conditions favorable to the production of increased blood pressure. Family history unimportant. Patient was thin and poorly nourished, with well marked arcus senilis. On examination of circulatory system, radial pulse 70, vessel quite rigid, and easily visible throughout its whole length, as was also brachial artery. These vessels

* Discussion on Anterior-Sclerosis, Maritime Medical Association, St, John, July 19th, 1900.

were tortuous and very motile, curling up with each impulse. Temporal arteries were tortuous, visible and hard, as were also vessels of lower extremity. The pulsation in the neck was also well marked, the arteries being visible and much enlarged; pulsation was visible over the episternal notch, and on palpation the aortic arch could be felt large and expansile, while the innominate, subclavial, and common carotid were visible and palpably enlarged. On percussion, the area of dulness over the manubrium sterni was increased, extending about half an inch to each side of the sternum; on auscultation a double murmur was heard in the aortic area, passing up into the neck and along the clavicle for some distance and it was so loud that it could be heard over the whole præcordia. The heart was enlarged and the apex displaced outwards and downwards. The urine was of specific gravity 1012 but no albumen. The pulse beat at the left wrist was somewhat retarded. The case left hospital on recovery from the dropsy and œdema, having been diagnosed as one of arterio-sclerosis, with aneurismal dilatation of aorta and large vessels at root of neck, with some aortic incompetence.

Naturally in arterio-sclerosis, the etiological and pathological standpoints have been those from which the disease has been generally looked at, and if we hope in any way to prevent or ameliorate the condition, by caution or therapeusis, we must continue to study along these same lines.

Under the present view of the disease, the name of arterio-sclerosis is of somewhat too limited significance, for we include from the view of pathologists more than a simple fibrosis of the arteries. In the great arteries, we have atheroma, and at the other pole we have arterio-capillary fibrosis and phlebo-sclerosis, all of which are now known to be one disease. Thoma, to whom we owe much of our knowledge of the subject, has suggested the term angio-sclerosis as including all these conditions, having pathological identity and occurring throughout the vascular system.

The change in relation to the arterial system consists in a local or general thickening of the arterial walls with loss of elasticity, occasioned mainly by a fibrous overgrowth of the tunica intima, secondary and proportional to a weakening and atrophy of the muscular and elastic tissues of the tunica media.

Etiology.—The etiology of this condition has been the cause of many discussions, conducted with much vigor and some acrimony between learned physicians and pathologists, but at last there seems to be

a general consensus of opinion that we may clearly class the causes leading to arterio-sclerosis under two heads :

1. Predisposing.
2. Exciting.

PREDISPOSING CAUSES.—(*a*) AGE. The disease is one of the latter half of life, and is in the aged one of the normal processes of bodily decay, occurring earlier or later in different individuals. The aphorism that "a man is as old as his arteries" may be explained by the statement that a man whose blood vessels are in a condition of pronounced arterial sclerosis is already involved in the atrophic progressive changes of life. We usually speak of grey hair as synonymous with age, and as commanding for its wearer the respect we give to years, but in some the hair turns grey at an early age, and in the future with the diffusion of knowledge, children will probably be taught to honor the rigid and tortuous temporal arteries, and to render to their possessor the respect due to those approaching the sublime crisis of life.

(*b*) *Heredity.* As I said before, in some we find grey hair during early years : this often being a family or hereditary characteristic. So with arterial sclerosis we find heredity playing an important part in predisposing to its early occurrence. In some the vessels at birth have not the power of resistance implanted in them, and yield early to the process of degeneration.

(*c*) *Alcohol.* Next among predisposing causes I would place the excessive use of alcohol. By some it has been classed as an exciting cause, but I prefer to follow MacCrorie of Glasgow who claims its action to be not so much that of a poison travelling in the blood and acting as an irritant to the vessels, as simply a cause of lowered vitality and malnutrition of the system generally but particularly of the arteries, thus allowing other irritants to cause degenerative changes. This view gets over the difficulty found by recent experimental investigators, that no quantity of alcohol injected directly to the vessels of an animal will definitely produce sclerosis of vessels or cirrhotic conditions of liver or other organs.

(*d.*) *Syphilis.*—This is another great predisposing cause, which, like alcohol, causes a lowered vital condition and weakens the power of resistance to disease in the vessels in common with other organs. But we have other factors contributing in syphilis, such as the accompanying general anæmia, which lessens the blood supply to the vessel walls, and the endarteritis of the vasa vasorum, causing a deficient supply of nutrition to the walls of the larger vessels.

(*e.*) Among other predisposing causes, we must class infective fevers and all diseases which lower vitality and interfere with nutrition.

Exciting Causes.—This we must divide into chemical and physical.

(*a*) *Chemical.*—(1.) Lead poisoning. Arterial sclerosis occurs not uncommonly among those whose occupation make them liable to the absorbtion into their circulation of a certain amount of lead which seems to act as a direct irritant to the vessel walls.

(2.) In Bright's disease, the unexcreted poisons travelling in the blood act as chemical irritants.

(3.) In gout, the ingestion and non-elimination of a large quantity of nitrogenous food seems to produce some toxine or poison which, while circulating in the blood, causing gouty phenomena, at the same time, in subjects predisposed, produces fibrous changes in the vessel walls.

(4.) In rheumatism and arthritis, the poison either in the form of bacteria, or products of faulty metabolism frequently set up fibrosis of the arterial walls.

(5.) In diabetes, the excess of sugar in the blood is an extremely potent irritant, and causes fibrosis, not only in vessel walls, but also in certain organs.

(6.) Excesses of nitrogenous food consumed and faultily disposed of, and ptomaines and leucomaines, and other poisons when absorbed from the alimentary canal and not quickly destroyed by the liver may, in those otherwise predisposed, cause arterio-sclerosis.

(*b.*) *Physical.*—(1.) Causes giving rise to high arterial pressure, as among those exposed to continuous hard work.

(2.) Excessive consumption of fluids, (particularly alcoholic and stimulating beverages) and foods by those leading sedentary lives, causing a rise of blood pressure.

(3.) Mechanical strain of intermittent character.

(4.) High blood pressure in chronic Bright's disease, caused by the contraction of peripheral arterioles from irritation by the unexcreted poisons passing through them, causes fibrous change in the vessel walls, and this has much to do with the production of the small fibrous senile kidney always associated with extreme cases of arterio-sclerosis. Here we have a mutual reaction. The small kidney, with rapidly disappearing cellular elements and contracting fibrous elements is unable to eliminate poisons, while the poisons by irritating the arterioles keep up the high blood pressure, and increase the tendency to fibrous thickening of the vessels.

Morbid Anatomy and Pathology.—While in large and small vessels the change is along the same lines, we must recognize that the size of the vessels must influence the characteristics of the disease. In large vessels, the condition is atheroma, or endarteritis deformans, nodosa or diffusa. In the nodular form the patches are scattered about the walls of the aorta and large vessels, in certain sights of selection, viz.: the ascending arch, the bifurcation of the aorta, the orifices of large vessels in the splenic, iliac, femoral, coronary, cerebral, uterine, brachial, etc. The arteries most affected are those exposed to the most severe and most varying blood pressure. In the diffuse form, the arteries of limbs, especially the anterior tibial. are most often affected.

Microscopically, the patch of atheroma varies with its age. The middle coat is found to be thin and weakened in its muscular and elastic elements, while the sub-endothelial of the intima is thickened in a compensatory manner. The new layer of intima undergoes further changes of degeneration; fibrous, fatty and calcareous, often ending in necrosis, with rupture and aneurismal dilatation.

The diffuse form begins in the smaller arteries and capillaries, especially those of the renal cortex and brain. Microscopically the muscular fibres of the tunica media are seen to undergo hyaline and fatty degeneration, and atrophic changes, and a corresponding and compensatory proliferation of the sub-endothelial fibres of the intima produce a condition of arterio-sclerosis. The heart in these cases is usually at first hypertrophied in its efforts to overcome the increased blood pressure, but later if the coronary arteries are affected we have degeneration and wasting of the heart muscle, and hence dilatation taking place, with sometimes valvular disease accompanying it. At times the veins shew signs of fibrous thickening.

There is no time for me to enter into the relations between arterio-sclerosis and aneurism, and to the great part which this disease plays in the causation of cerebral and other hæmorrhages, but I must mention a few of the prominent symptoms of the disorder.

The clinical history varies in each case according to the organ which suffers most and earliest.

Symptoms.—1. General. 2. Cardio-vascular. 3. Cerebral. 4. Renal. 5. Pulmonary.

1. *General.* Patient may be flabby and and corpulent, or sallow and emaciated, but will usually be anæmic with dyspeptic trouble and well marked arcus senilis.

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**DIRECTIONS.** — The Elixir being free from irritant qualities may be given before or after meals. It has, indeed, the properties of a stomachic tonic, and will promote, rather than impair, appetite and digestion. The dose for ordinary purposes is a dessertspoonful three times a day. When the symptoms are acute, or pain is present, it may be taken every three or four hours. In cases of dysmenorrhœa, neuralgic or congestive, the administration should begin a few days before the onset of the expected period. In irritable states of the uterus, in threatened abortion, in menorrhagia, etc , it should be given frequently conjoined with rest and other suitable measures. For the various reflex nervous affections, due to uterine irritation, in which it is indicated, it should be persistently administered three times a day. When the pains are severe or symptoms acute the above dose, a dessertspoonful may be increased to a tablespoonful at the discretion of the patient, or advice of the attending physicians.

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The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy ; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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2. *Cardio-vascular.* (1.) Dyspnœa on exertion.

(2.) Syncopal attacks and anginal pain.

(3.) Tortuous and visibly pulsating and loco-motile arteries, especially noticeable in emaciated individuals.

(4.) High pressure pulse at the wrist, the artery being firm and incompressible, and pulse wave more evident on firm pressure.

(5.) In more advanced cases, signs and symptoms of anæmia, and of cardiac hypertrophy, dilatation and even degeneration.

(6.) Slow arhythmic pulse, in some the rate being even as low as 26.

3. *Cerebral.* Mostly those of cerebral anæmia. Vertigo and epileptiform attacks; with a curious condition in which continued conversation or mental effort causes exhaustion and confusion of ideas. The blood supplied to the brain being barely sufficient for nutrition and not enough for prolonged functional activity. Occasional retinal and nasal hæmorrhages occur through the rupture of miliary aneurisms. Cerebral hæmorrhages and degenerations may also occur.

4. *Renal.* The renal symptoms are those of cirrhotic kidney. Increased diuresis, pale colored urine of low specific gravity.

5. *Pulmonary.* These changes are bronchitic and emphysematous in their character.

Prognosis.—After the stage at which the disease is usually discovered there is little hope of prevention or cure, though by judicious hygiene, diet, and use of drugs, much may be done to ameliorate the condition, and for years delay the progress of the disease.

Treatment.—This must be along the line of keeping the body in a condition of high nutrition yet avoiding all foods, etc., which will increase the blood pressure or cause an accumulation of poisonous or irritating matters in the blood. This result may be in some degree achieved by light (not highly nitrogenous) diet, avoidance of rich wines and spirits, and avoidance of the extremes of violent exercise and sedentary life, and careful regulation of the emunctories.

Useful drugs are, the iodides, arsenic, cardiac tonics and stimulants in the later stages.

# ARTERIO-SCLEROSIS.*

By Stewart Skinner, B. A., M. B., C. M., (Edin.), St. John, N. B.

Length of years is not the only cause of old age. More attention should be paid to the condition of the circulation than to the age of the subject. Arterio-sclerosis is almost universally acknowledged to be the cause of senility. The commencement of the degenerative changes of the vascular system depends largely upon whether the individual has inherited good arterial tissue. Longevity comes to be a vascular question. Heredity does not actually transmit old age, but it brings about those conditions which are favourable to the development of old age. The individual has bestowed upon him some of the vital characteristics of the ancestors. It is in consequence of this that arterio-sclerosis sets in at an earlier age in some families without apparently any other cause than heredity.

The acquired causes, such as are induced by the abuse of alcohol, syphilis or gout, are very important in bringing on early vascular degeneration.

Among the factors of the pathological changes of arteries, heart and kidneys, mental overstrain is undoubtedly of more importance than is generally admitted. The influence of persistent emotion in the production of vascular disease, though often not readily demonstrable. is nevertheless real. Life is constantly shortened by the petty troubles, anxieties, and worries which are of daily occurrence. This is an important reason why arterio-sclerosis is so frequently met with in members of our profession. It has been called the disease of medical practitioners, for the reason that their work is associated with emotional and nervous overstrain, and so it is also a disease of financiers and politicians.

In the prodromal stage the individual is apt to be dull, moody and visionary. On examination we may be able to detect no other signs of disease than those of dyspepsia. The conjuntivæ and lips are somewhat anæmic, a false anæmia and due to the contracted arteries. There is often a complaint of precordial distress, breathlessness and palpitation. The pulse at the wrist is not easily felt and may be thought feeble, as

*Discussion on Arterio-Sclerosis, Maritime Medical Association, St. John, July 19th, 1900.

the artery being contracted and cordy, firm pressure is required before the impulse is detected. A mistake is not uncommonly made under such conditions in administering medicines which increase the contractile power of the already constricted arteries. These cases require arterial relaxants so that the left ventricle may be freed from the obstacle which prevents its easy emptying and so obtain for the tissues a freer supply of blood.

When the disease is advanced the symptoms then are very apparent. We have a combination of increased arterial tension, a palpable thickening of the arteries, hypertrophy of the left ventricle and accentuation of the aortic second sound. These are all pathognomonic of arterio-sclerosis.

If the physician is to do any good he should study his patient before the organic changes with their dependent troubles have constituted a definite and incurable disease. If we are to be of any use we must put ourselves in nature's place and work as nature works. In some place or other we may discover some trifling failure which threatens serious trouble ere long, but by the administration of suitable remedies and persisting in our treatment we may be able to keep off for at least some time the threatened disaster. We may not think that we are accomplishing much, still it is only by the accumulation of petty advantages that enables us to change the commencement of decay into the renewal of health. By closely watching the arterial system, its relation to the heart and other organs, we are often able to successfully oppose the beginning of evil.

Exercise, diet and medicine are the three agents to be employed in the treatment of arterio-sclerosis. Medicines are indispensable in many cases, but attention must be paid to the little things of daily life, the little things of eating, drinking, and doing. Exercise and diet are, however, paramount in maintaining health, and properly employed, they are also of the greatest value in restoring it when lost.

The first efforts in treatment of the early stages should be directed to the restoration of the normal arterial calibre. Attention must be paid to the digestive tract. dyspepsia being so frequently one of the most pronounced prodromal signs. All excesses are to be avoided and the meals must be of the simplest. "Temperance," says Balfour, "moderation in all things is the true secret for preserving a *mens sana in corpore sano*; and if it be not a certain passport to longevity, it at least enables us to live healthily for as long as we may." There is nothing

ages a man or a woman so rapidly, there is nothing that shortens life so certainly, and there is nothing that embitters the latter days of life so much as over-indulgence in food. A great proportion of those suffering from arterio-sclerosis require to be dieted for some reason or other. In dieting our patients the first point of importance is to divide the day properly. To secure perfect digestion a sufficient interval must be allowed between each meal. Three things greatly disturb gastric comfort, too large a meal, too short an interval between the meals, and lastly, the ingestion of food into a stomach still digesting. Under normal conditions the stomach is empty in from three to four hours after a meal and an hour's rest is required before the next one is commenced. The circulation being feeble in arterio-sclerosis a wise rule to insist on is that your patient must allow five hours between each meal. By following this rule he gets his three meals a day, leaving sufficient time for the digestion of the last meal to be well advanced before bedtime.

Exercise in some form or other should be prescribed for all. Busy men will often not take exercise for pleasure, considering it a waste of time, but they will accept it as a prescription from their medical advisor. For those who cannot take excercise, and there is a considerable number of such, and for those who will not you can prescribe it for them by use of massage. By means of exercise a greater freedom of respiration and circulation results: metabolism is thus made more perfect, and the manufacture of urea in the liver is promoted. We will find in suitable cases not only the heart but the whole organism is the better for exercise.

Massage is an agent of much therapeutical value. When the skin is massaged the heart is quickened; muscle kneading, however, usually causes a slowing. The same changes are induced in the muscles that are brought about by excercise.

An attempt should be made to remove all causes of worry. In many cases this may be impossible but by change of scene and air we can accomplish more than many medicines.

There is a good deal of evidence to show that a protracted course of the iodides can do signal service in arterio-sclerosis. They are of special value when pain of the nature of angina pectoris is present. The iodides are arterial relaxants and in consequence induce a freer circulation. They may be used for months and even for years. If the treatment is begun early enough there is a complete restoration of the vessels. This is found to be so when the changes in and about the coats of the arteries are capable of absorption and sufficient relaxation induced to restore the circulation. Arsenic is a good drug to combine with the iodide when a tonic effect is desired. Digitalis and other cardiac tonics are as a general rule not to be recommended for the systematic habitual treatment of cases manifesting arterio-sclerosis.

# ARTERIO-SCLEROSIS.*

By T. W. Walsh, M. D., Professor of Obstetrics, Halifax Medical College.

The subject of arterio-sclerosis is so extensive a one, and varies so in different aspects—authors and clinical observers of the day differing so in conclusions—as to be one well worthy of consideration and discussion in any meeting of medical men, where the views, held by the members of the profession, may be interchanged.

I do not wish to discuss the ordinary changes which are classified under the head of degeneration, as atheroma with subsequent calcification and fatty metamorphosis. Early in practice I had occasion to hold a post-mortem on a subject, who expired suddenly during a fracas; the arteries were nearly solid tubes and the walls of the left ventricle were dotted with calcific plaques, yet this man had good health up to the time of his demise and he was seventy years of age; the process was complete and very extensive. Last month I sent to Victoria Hospital a patient whose radial and ulnar arteries were solid tubes, pressure would not obliterate the pulse wave. Both carotids, temporal and sublavian, were visible; the only sequela apparent was simple hypertrophy of heart. I mention those cases as examples, I believe, of the general rule; that is, we frequently see in all institutions where the aged are housed, enjoying good health for their years, persons with what we call senile calcification well advanced. My interest was aroused in the subject by the interesting case I am going to recite.

The patient, age 49 years, nothing of interest in family history, a very active business man with positively no history of syphilis, not addicted to alcoholic excess at any period of his life, I was called to see, in August, suffering from intestinal colic; he informed me he had considerable business annoyance and found at those times he was liable to colic. The pain was quickly relieved, but he could not again obtain his activity. He could not concentrate his mind on business matters and occasionally suffered from attacks of transient dyspnœa; he became restless and could not sleep; certain foods which were his principal diet before became unbearable. I called in consultation a gentleman present

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at this meeting: he was at first inclined to a diagnosis of nervous debility. The patient's teeth being very bad he was ordered to have them extracted, the diet regulated, also rest and tonics. He seemingly improved for a few days, but the insomnia became a prominent symptom. About this time a second physician was called in consultation. The anterior temporal artery was very tortuous and visibly pulsated, but only aroused suspicion. We failed to make a diagnosis; urine was examined several times, heart was normal in sound and position. About the first of October we discovered albumen in urine, the arteries each day became more visible, and diagnosis was easy; casts also appeared and feet became œdamatous. With rest, digitalis, nitro-glycerine, (1 per cent. solution,) the swelling disappeared and the patient expressed himself as feeling much better although the arterial degeneration increased and the heart became dilated, apex being displaced about one inch to the left. The patient had a strong desire to consult Dr. E. Janeway, of New York. Thinking that he would have warmer weather in that city which would relieve the peripheral tension, consent was given him to go accompanied by myself. Dr. Janeway, after examination of urine and seeing patient, confirmed the diagnosis of diffuse arterio-sclerosis with kidney and heart sequelæ, and advised a speedy return home. The patient lived about three weeks after arriving at home, dying in April, making about 8 months' period of illness. This case, one clearly of arterio-sclerosis, differs in so many respects from reported cases as to be of interest.

1st. Age, 49.

2nd. Rapidity of development with absence of usual etiological factors.

3rd. Rapid fatal termination.

This case would incline one to believe we have a distinct disease differing very materially from the forms of senile degeneration, which are gradual.

The question which is now appearing in many of life assurance papers—"are the arteries visible at wrist or temples?"—is one I believe of greater significance than is generally given to it. Again, I believe the changes which occurred in my case was one of fibrosis and not due to atheroma or fatty metamorphosis.

Reading an article by Wm. Roberts published in 1880 on Bright's disease he states: "Sir William Gull and Dr. Sutton have brought forward a novel view of the pathology of granular kidney, and the associated changes in the cardio-vascular system. They believe

that there exists in those cases a pecular pathological change to which they give the name of arterio-capillary fibrosis. This consists in the deposit of a hyalin fibroid material in the fibrous coats of the arterioles and capillaries. The change may prevail extensively throughout the vascular system in the kidney, skin, pia mater, heart, lungs, spleen, stomach and retina. In its nature it is allied to but not identical with senile changes. It commonly begins in the kidney but may begin elsewhere, so that hypertrophy of the heart with degeneration of the arterioles may be found associated with healthy kidneys, and when atrophy and granulation of the kidneys exist, it is but part and parcel of a general morbid change. The granular form of Bright's disease is in their eyes essentially an instance of arterio-capillary fibrosis. These views have been sharply criticised and are still in dispute but they have the merit of bringing into true prominence what every observer in cases of granular kidney must have strongly impressed on his mind, namely, that the renal affection is not a mere local affair but that it is rather a part of a wide spread tissue degeneration involving the entire or a large portion of the body."

Those views explain many of the characteristics of my case. I notice that many of our text-books do not make any distinct classification, and only the most modern have adopted the term arterio-sclerosis.

Osler gives a classification based on observations of Councilman. 1st. A nodular form. 2nd. Senile arterio-sclerosis. 3rd. Diffuse arterio-sclerosis. Of the 27 cases in this group, the ages were between 40 and 55, and as they were classified from changes observed at autopsy, it is only fair to presume the changes were rapidly progressive. Osler also states:—"the conception of arterio-sclerosis as an independent affection, a general disease of the vascular system, is due to Gull and Sutton." I believe many of the early forms of cerebral hæmorrhage occurring in active workers not yet 50 years, is due to this condition. Councilman, speaking of this particular form states, that the media shows microscopically necrotic and hyaline changes, that the disease is one principally of the media, subsequently affecting the intima. When we consider that the artery which usually gives way in cerebral hæmorrhage is a branch of the lateral ganglionic from the middle cerebral going to caudate and lenticular ganglia, named by Charcot the artery of cerebral hæmorrhage, and remembering some arteries have extremely thin coats in proportion to their size—and this is especially the case in arteries situated in the cavity of the cranium—also remembering the arteries of the body generally are

inclosed in sheaths, which is not the case with cerebral arteries, also remembering that activity of brain means increased blood pressure, one is not surprised at the frequency of cerebral hæmorrhage in this condition. The disease seems to select certain arteries. I think I am safe in saying that a tortuous condition with pulsation of anterior temporal should arouse suspicion. Then quickly follow hardening of radial, ulnar and subclavian. Although the changes may be taking place as early in aorta, it is not perceptible except by accentuation of second sound. Also, pulmonary may become affected early producing sequelæ which are apparent. It is not easy to explain the general exemption of gastric and mesenterics.

The question arises when should we raise the finger authoritatively to the active brain worker and say it is time for rest? Can we arrest this change once observed or stay its progress, if so, what are the means at our command? My experience is that early and complete change of occupation with rest of mind and body, if possible, is the first and most urgent therapeutic measure, thus relieving and assisting whatever organ or system is bearing the blunt of the change.

# ARTERIO-SCLEROSIS.*

By F. H. Wetmore, M. D., Hampton, N. B.

Morbid Anatomy.—The thickening of the vessels is caused by a special deposit of connective tissue which is normally found as the framework for the essential structure of the different organs. The same tissue is found in other sclerosed organs, as cirrhosis of the liver, fibrosis of the lung, sclerosis of the spinal cord, etc. In scar tissue it is found replacing the normal structure.

Frequency.—Wm. T. Howard, of Johns Hopkins Hospital has said, that in 360 autopsies, cardiac hypertrophy was found in 105—29%; of these 105 cases, 62 (59%) were due to arterio-sclerosis, 14 (13.4%) to nephritis without arterio-sclerosis, and 13 (12.4%) to valvular lesions—adherent pericardium, tumors, etc., accounting for the balance. In 59 cases of cardiac hypertrophy in persons over 40 years of age, 48 (81%) were due to arterio-sclerosis.

Course of Disease.—This depended on the site of the greatest sclerosis or on accidents.

(1) (*a*) Cardiac hypertrophy. This was limited by the amount of involvement of the coronary artery and the consequent interference with the supply of blood to the heart. True angina was almost always associated with involvement of the coronary artery.

(*b*) Dilatation of the heart without valvular lesions. Difficult to differentiate from similar condition due to chronic valvular disease. In treatment of arterio-sclerosis the heart murmurs disappear; with valvular disease they become more distinct.

(2) Cerebral hæmorrhage.

(3) Renal symptoms. The usual form is granular kidney. In a well established case difficult to say whether sclerosis of the vessels or the contracted kidney is the primary condition.

4. Gangrene of the extremities.

5. Respiratory symptoms—bronchitis, emphysema, fibroid phthisis.

Treatment.—Besides the well-known remedies, mercurials used *continuously* had been very satisfactory in some cases, not only as purgatives in serious cardiac lesions, but also in the form of the bichloride in cases without cardiac dilatation.

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* Discussion on Arterio-Sclerosis, Maritime Medical Association, St. John, July 19th, 1900.

THE

# MARITIME MEDICAL NEWS.

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## Editorial.

### THE TREATMENT OF THE CRIMINAL.

We run no risk of appearing behind the times in referring at this late day to the work of the criminologists, whose teachings have run so counter to the ideas until recently in vogue, for the character of the work accomplished by many of those engaged in the study of the criminal is such that does not quickly cease to obtrude itself. Such men as Lombroso, Tarde, Krafft-Ebing, Maudsley and Ellis, to mention but a few of those engaged in the undertaking have brought forward such a mass of evidence pointing to the association of crime with degeneracy that the subject must be regarded as one coming properly within the sphere of the physician. The frequency with which cranial malformations and mental defects occur in the criminal classes is so great that one is almost irresistibly drawn to the conclusion that much of what is commonly dubbed crime is but the outcome of disordered mental action, and that our present-day methods of dealing with the criminal (so-called) are both unjust, inhuman and unscientific.

The treatment of the criminal should be made dependent upon the criminal rather than upon the crime. That is to say, a careful computation of the offender's mental development should be attempted, and an estimate formed of the degree of his responsibility. This should be done by properly qualified medical men—men of sound sense, good judgment, and irreproachable character, and who should be perfectly independent of any influence by the courts. All possibility of conflict of experts should be avoided, and every opportunity should be given for a thoroughly scientific, dispassionate and conscientious study of the heredity, environment and psychological bent of the accused. In no other way is it possible that a just opinion of an offender's case be

formed, and without such an opinion a just sentence cannot be imposed.

The treatment of the criminal may be punishment, or education, or simply removal to a suitable asylum. Everything will depend upon the character of the case, and each case should be judged upon its own merits. But the treatment of the developed criminal is of little importance as compared with the prophylaxis of criminality. And parallel with its importance is the difficulty of attaining this desideratum. Nothing short of control of the causes leading to degeneracy can suffice, and this at present seems quite beyond the reach of human means. The attempt should be made however, and will be made. Already much progress has been made in our treatment of the criminal classes and it is but reasonable to expect that we will continue to go forward.

## CANADIAN MEDICAL ASSOCIATION.

We publish in this issue a report of the recent meeting at Ottawa, written by Dr. W. S. Muir in his characteristic and interesting style. Evidently the meeting eclipsed all others in every detail, and reflects great credit on the different committees. The Ottawa members outshone all previous efforts in the way of entertainment. The complimentary banquet was a grand success and will be long remembered by those present. It is estimated that the social part of the programme cost the profession of Ottawa about $1,500. The next meeting will take place at Winnipeg.

The following officers were elected :—

President—H. Chown, Winnipeg.

Vice-President for P. E. Island—H. D. Johnson, Charlottetown.

" " Nova Scotia—A. I. Mader, Halifax.

" " New Brunswick—T. D. Walker, St. John.

" " Quebec—A. Lapthorn Smith, Quebec.

" " Ontario—A. A. Macdonald, Toronto.

" " Manitoba—J. A. Macdonald, Brandon.

" " Northwest Territories—J. F. Lafferty, Calgary.

" " British Columbia—S. J. Tunstell, Vancouver.

General Secretary—F. N. G. Starr, Toronto.

Treasurer—H. B. Small, Ottawa.

Executive Committee—R. J. Blanchard, W. Hardy Smith, Winnipeg and R. S. Thornton, Doloraine.

## NEW TREATMENT OF TUBERCULOSIS.

Anything that will prove of benefit in the greatest scourge of mankind will be welcomed by the profession throughout the universe. It is therefore to be hoped that the new treatment discovered by Francisque Crôtte and reported at the recent International Congress of Medicine, will not prove wanting like former discoveries, all of which have sunk into oblivion.

The central agency of the International Scientific Press, Paris, has sent us a summary of this interesting report, which we here insert.

International Medical Congress Paris, 1900.—At the Paris International Congress of Medicine three physicians, Dr. Labadie, delegate of the medico-legal Society of New York, Dr. Bertheau, officer d'Académie of Paris and Dr. Ducamp, of Bordeaux read independent reports on a new treatment of tuberculosis discovered by Francisque Crôte.

Dr. Labadie recalls the fact that Crötte made already in the year 1894 a communication about his discovery to the French Academy of Sciences.

This method is applicable to all affections of microbian origin but has been especially applied for some time for the treatment of tuberculosis.

The method consists in the direct transport and diffusion of medical substances, antiseptics and principally formaldehyde through the skin, tissues and bones to the affected parts of the body. This transmission is effected by means of high and medium tension static electricity produced by a powerful electric machine of special design whose discharges and sparks serve as vehicles for infinitesimal quantities of antiseptics without danger or pain to the patient or even infants of tender age, the patient being seated on an insulated chair.

The treatment consists therefore in the combined action first of the static electric discharges, which kill by themselves the bacilli of tuberculosis, but which, when employed without antiseptics, do not remove the dangerous poison of the toxin, and secondly, of the action of the formaldehyde which introduced by the electricity completes the work of destroying the bacilli and of neutralising the toxin poison and in this way effect the cure.

# WYETH'S Granular Effervescing SODIUM PHOSPHATE

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*A Remedy for Constipation, Obesity, Rickets, Jaundice, Etc., Etc.*

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**Sodium Phosphate is Unexcelled:**

Sodium Phosphate has long been the favorite purgative, inasmuch as it acts gently but surely, has little or no taste, and is easily taken by children and delicate persons. In the present form—the effervescent—it is a delightful remedy, constituting a refreshing sparkling draught of bland action.

**1. As an Hepatic Stimulant with beneficial effect on the appetite.**

1. Sodium Phosphate is a mild but certain hepatic stimulant, and relaxes the bowels both by promoting an excretion of bile and by acting directly upon the mucous membrane of the intestines. It does not cause "griping," nor does it derange the stomach or excite nausea; unlike many other purgatives, it has a beneficial effect upon the appetite and digestion, stimulating the flow of gastric juice and increasing assimilation.

**2. As a Treatment for Diabetes.**

2. Diabetes is treated with decided advantage by means of the Sodium Phosphate. Not only are its cholagogue properties beneficial in this malady, but also its well-known power of arresting the secretion of sugar in the liver.

**3. As a "Nervetone" in cases characterized by Debility, Spermatorrhœa, etc.**

3. Phosphorus is a fundamental constituent of nervous matter, the substance of brain, spinal cord and nerves. Hence, the usage of the present compound in diseases characterized by a deficiency of "tone" of the nervous system in Debility, Spermatorrhœa, Impotence, Locomotor Ataxia, Neurasthenia, etc., is strongly to be recommended. In Asthma and the debility of the advanced stages of Phthisis it is serviceable. In such cases it acts as a restorative and respiratory stimulant.

**4 As a Purgative in cases of Exanthematous Fevers.**

4. In grave, exanthematous fevers, where a purgative, to be safe, must be simple and efficient, the Sodium Phosphate can be relied on. In such cases its cooling, saline qualities render it grateful and refreshing to the patient.

**5. As a cure for Biliousness, Constipation, Jaundice, Diarrhœa, Dysentery etc., especially in children.**

5. Sodium Phosphate, causing a marked outflow of bile, whose consistency it renders thinner, is an incomparable remedy for Biliousness, constipation, and, above all, for Jaundice, especially in children, on account of its absence of taste, and its efficient but unobjectionable properties. Diarrhœa and Dysentery in children are effectually controlled very often by the action of this salt in cleansing the mucous membrane of the lower bowel, and evacuating in a complete and unirritating manner the rectum and large intestine.

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**DOSE.**—For children, to relieve diarrhœa, constipation, etc., a small dose only is necessary, ¼ to 1 teaspoonful according to age and effect desired. As a purgative in adults, one or two dessertspoonfuls. As an alterative in gout, obesity, hepatic derangement, etc., one dessertspoonful morning and night. An excellent substitute for Carlsbad water (which depends largely for its beneficial effect upon the presence of this salt) may be obtained by adding a dose to a tumbler of water and taking it gradually on getting up in the morning. ☞The glass cap on our Effervescing Salt bottle, when filled, is equivalent to one dessertspoonful, and also embodies a time device adjustable to any hour at which the next dose is to be taken.

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As regards the digestibility and rapid assimilation of the preparation, its aromatic properties and the presence of peptone in it renders it acceptable to the most susceptible stomach.

DOSE.—For an adult, one tablespoonful well diluted with water, milk or sweet wine, three or four times a day: dose for a child is one to two teaspoonfuls, and for an infant 15 to 60 drops.

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**Per Demijohn, $6.25; Per five pint, $4.50; Per doz., 12 oz. $11.00.**

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# Society Meetings.

## CANADIAN MEDICAL ASSOCIATION.

"Ottawa," shouted the C. P. R. conductor, and all made a race for the "Russell House," to secure a room. The hotel, would, we knew, be taxed to its utmost, as the Society of Canadian Engineers were to meet at the same time in the capital. When I arrived at the street after ascending the steps from the railway station, I had for a moment to stop and collect my senses. Was I in dear old Edinburgh once again! Had I arrived at Waverley station, and on my way to the Cockburn (pronounce Co-burn please) Hotel? Such was the impression upon my mind during the whole time that I was in this beautiful city—our capital. Ottawa is a most beautiful city, a clean city and one its citizens should be and are justly proud of. They can boast of two first class hospitals, "The Protestant" and "St. Luke's"; both are three storied buildings with fine basements. St. Luke's is where the late Dr. Harry Wright spent a great deal of his time during the last few years of his busy life. No pen can write the good deeds or portray the character of this noble man, 'tis enough to say St. Luke's was Dr. Harry Wright's hospital.

At 10 a. m. on the following morning the 33rd annual meeting of the Canadian Medical Society was called to order by Dr. R. W. Powell, of Ottawa, the President. Dr. Powell welcomed the visitors to the city, in the absence of his Worship the Mayor, who was unavoidably absent, and gave a list of entertainment which was, we found, as varied as it was delightful, and it was the verdict of everyone, that we were entertained right royally by our medical friends of Ottawa.

The General Secretary, Dr. F. N. G. Starr, of Toronto, then submitted his report to the meeting. He told us that the 1899 meeting at Toronto was the largest in the history of the Society, 299 members and guests being in attendance. He then made reference to the honors bestowed upon the three distinguished Canadian surgeons: Sir William H. Hingston and Professor T. G. Roddick, M. P., of Montreal, and

Professor Irving H. Cameron, of Toronto, by the Royal College of Surgeons of England, an honor they each must esteem even greater than that of a (Canadian) knighthood.

Dr. Starr's report then went on to say that "decided progress was made toward the accomplishment of that thing to be desired, Dominion Registration." Mark you, he does not say *is* being made, but "was made." There is a good deal in those two little words; they express a lot, but I will spare Ontario's blushes, and say decided progress was made *outside of Ontario* towards Dominion Registration. These were about the only remarks of interest to our readers that were contained in this report.

Next upon the programme was a paper by Dr. Rosebrugh, of Toronto, upon the "Treatment of Inebriates." a subject that appears to be of vital importance in Ontario, but one, I am happy to say, is or appears to be of less importance with us down by the sea.

"The Present Status of the Eliminative and Antiseptic Treatment of Typhoid Fever," by Dr. W. B. Thistle, of Toronto, was next in order. Dr. Thistle; like Skinner, of New Haven, believes in the purgative treatment of typhoid and uses the term "eliminative" for his mode, which, you will please to remember, is calomel in successive half-grain or grain doses followed by half-ounce doses of magnesium sulphate or Rochelle salts. Salol is also given every three or four hours in ten grain doses. The results given by Dr. Thistle are certainly very good. This paper was discussed—attacked, I should say, by Dr. W. S. Muir, of Truro, and Professor McPhedran, of Toronto, who in the first place, objected to the title of the paper, asking the question, was the treatment eliminative, and does it get rid of the toxemia, and lessen the death rate, which is the most important question of all? Sir James Grant also spoke upon the general subject of typhoid fever, but did not crystalize his ideas sufficiently to be of any benefit to your readers.

The next paper, by Dr. Goldsmith, of Belleville, Ontario, was upon "The Treatment of an Unusual Case of Sarcoma of the Right Nasal Fossa." The most interesting part to me personally was hearing the wooling one speaker received for "wandering from the text." You see the wanderer belonged to a city that has two medical schools, and when the chance came the other fellow could not resist.

The afternoon session on the first day was opened by the President, Dr. Powell, who delivered a very able and eloquent address. He told us how much Ottawa loved the Canadian Medical Association; that

this was the fifth time the association had honored the capital with its presence. He then referred to the great meeting at Toronto last year; the South African war, in most eloquent and patriotic terms; how much this Canada of ours owes to one Mr. Kruger, now of unknown parts. He then proceeded to discuss in very plain English the unsatisfactory laws which prohibited Canadian surgeons practising in South Africa, because they were not registered in England. He then, with this grand lever, went on to urge the immediate importance of interprovincial registration, and whilst doing so paid a high tribute to Dr. Roddick, M. P., for his great work in connection with this grand object. He then proceeded to discuss the burning question of the hour, the treatment of consumptives, ending up with this sentence, "in other words isolate them from all mankind." In concluding, Dr. Powell warmly advocated the organization of a society to protect doctors from blackmail, and from ruinous litigation for alleged malpractice.

After Dr. Powell's address another treat was in store for us. An address upon "My Experience in the South African War," by Surgeon Lieut.-Col. Stirling Ryerson, of Canadian Red Cross fame. Dr. Ryerson told us that the war was of great interest surgically, because of the experience gained of the effect of modern arms of precision, and of the antiseptic methods now in use in the hospitals and upon the field of battle. While it is yet too early to draw deductions from the statistics of the war, he said that out of 12,637 wounded in all only 752 have died of wounds received in battle. Dr. Ryerson ascribed this to the aseptic character of the bullet, to the prompt application of the first aid dressings, and to the able treatment received afterwards. He described the Mauser bullet as a merciful one; its action upon the tissues depends upon the range at which it is fixed. At short range, say within two hundred yards, it has an explosive character; the nickel case seems to expand and become detached, causing a severe lacerated wound, which heals slowly; if it strikes bone, it crushes it at this range; at longer range it makes a clean drilled hole in bone, and if it strikes a soft part at a long range only a small wound is made, there being no difference between the wound of entrance and that of exit, which bleed very little unless a large vessel is injured. In the case of soft nosed or dum-dum bullets, the wound is much more severe, for even when the soft parts alone are injured, the expansion of the lead causes great destruction of parts, and a huge wound of exit, the wound of entrance being small; when it strikes bone it pulverizes it. Dr.

Ryerson had seen many so-called poisoned bullets. They were not poisoned, but simply green with verdigris. The Boers made use also of the Martini-Henri rifle, the bullet of which is a very heavy one, which makes a wound of striking contrast with that of the Mauser; great destruction of the soft parts or bones follow the use of the Martini-Henri, necessitating amputation in many cases. Speaking of amputations during the war, Dr. Kendal Franks told Dr. Ryerson that in his experience not more than twenty amputations had been done in 3,000 cases. Dr. Ryerson examined a good many Boer wounded, and found that the bullet of the Lee-Metford inflicted a wound very similar in character to that of the Mauser. The doctor said that lyddite shells are not nearly so destructive as was supposed. When they strike a rock they explode with great violence, but when they strike a mud entrenchment they do little or no harm. The Boers said that the escaping gas made their heads ache, and they found that a few drops of vinegar taken inwardly relieved it, so every Boer was provided with a small bottle of vinegar to ward off the ill-effects of lyddite.

Dr. Ryerson then went on to speak upon the hospital administration in South Africa, and in glowing terms praised the officers and men of the Royal Army Medical Corps for their magnificent work, as he put it, "heroically sacrificing themselves on the altar of duty." In concluding, Dr. Ryerson urged the Association to take steps to remove the unfair barriers which prevented Canadian surgeons from serving in South Africa.

Dr. T. G. Roddick, M. P., of Montreal, in eloquent terms eulogized Dr. Ryerson's work, and said that while in England he made special enquiry of the Canadian soldiers and did not find one to complain of the medical service.

"Our Race and Consumption," by Sir James Grant, of Ottawa, was next read by the writer, Sir James. "The problem of all others staring us in the face, is what course of action is most judicious to stay the spread of consumption? So alarming are the present results that conferences are being held on this subject in the most enlightened centres of the world." These were the opening words of this most interesting and eloquent paper. Sir James is without doubt the most eloquent and ready speaker we have at our annual meetings.

The next paper read was one sent by Dr. Allan McLane Hamilton, of New York. Dr. Hamilton was too ill to come, so he sent his paper, "Recognition and Management of Tabes Dorsalis," which was read by the President, Dr. Powell.

"The Physicians' Vaster Empire" was the concluding paper of the afternoon session. This was by Dr. John Hunter, of Torouto, and was of a different character from those generally presented at our annual gatherings. It dealt chiefly with moral phases such as social purity, the moral education of children, medical missionaries, etc. This paper closed the afternoon session and most of the visitors boarded the street cars for Britannia-on-the-Bay, the Brighton of Ottawa.

The registration or Roddick's committee, as it is better known as, met at five o'clock also, and suffice it for me to say that it will be another year before anything tangible can come to light from this most important subject, Interprovincial or Dominion Registration. Every time we, the rest of the Dominion, *see* Ontario she *raises* us and we have to draw cards or drop out of the game.

The evening session of the first day was by far the most interesting and popular, as the drawing card of the meeting was to deliver his address in Surgery. Edmund Owen, of Great Ormonde Street Hospital, is perhaps the most popular man in London with Canadian students. The secret may be this, he is himself almost a Canadian. His father was born in Halifax in 1812. At the age of 20 years he was apprenticed to John Stirling, surgeon, Halifax, grandfather of the well known Montreal occulist of the same name. After a year he proceeded to Edinburgh, and remained ever after in England. The subject of Mr. Owen's address was "Tuberculous Lesions from a Clinical Point of View." Mr. Owen is a most charming elocutionist, and what a treat we received! At times the applause was deafening; at others you could hear a pin drop. My own thoughts wandered down to Halifax very often during this brilliant address, as the professor of surgery in our local college would have heard his own teachings re-uttered by this great man when he came to the treatment of tuberculous joints, etc. Fresh air first and plenty of it, good food and plenty of it, are the first great points to be observed. Rest of the affected part, but not by mechanical restraint, such as plaster jackets, which were condemned with a vim which must have impressed all. In condemning the use of iodoform, Mr. Owen said that he thought mushrooms would grow well in it. In concluding, Mr. Owen said, "Let me tell you that coming to Ottawa is not to me like going amongst strangers, though it is my first visit here; it arouses in me a feeling somewhat like that experienced by a man who is taking a homeward journey, for my father was a Canadian. From my infancy I have had pictured to me and have been encouraged

to interest myself in your forests and rivers, your orchards and wide fields of waving corn, your green pastures and still waters, your lingering snows, (kindly notice that I have put the snows last). I have also constantly heard from my childhood of the intense loyalty of the peoples of this great and fertile country, and of the loving devotion of its sons and daughters to that dear lady who is, indeed, a mother to us all."

A vote of thanks was moved by Prof. Shepherd, of McGill College, and seconded by Prof. Cameron, of Toronto University, and carried by a standing vote, amid vociferous applause.

"Excision of the Knee Joint in Tuberculous Disease," by Prof. A. Primrose, of Toronto. This was more of a demonstration than a paper, and Dr. Primrose depicted a new operation by Kocher of Bern, so beautifully as to call forth many encomiums from the audience, Dr. Owen specially complimenting Dr. Primrose upon his work. In Kocher's operation the incision is up and down at the outer side of the ligamentum patellæ and turning inwards at the insertion of the tendon, Dr. Primrose has operated three times after Kocher's method, and is fully convinced of its advantages. Niehans recommends an operation something like Kocher's, but the longitudinal incision in his operation is on the inner side of the tendon of the rectus femoris, and he makes a second incision at right angles to the first, just over the tuberosity of the tibia.

"Recent Pathological Studies of the Blood," by Dr. L. H. Warner, of Brooklyn, N. Y. This was a most able and scientific paper, so much so, that to me personally it was like so much Greek. Dr. Warner is a German with an English name. He has a most extensive private laboratory in Brooklyn, where he employs four or five paid assistants. Up till within a few years he was employed by the U. S. Government. At the present time he is at work upon the celebrated Molyneux case in New York.

"Experiences in the Treatment of Hernias" was the next paper read. This was by Prof. F. J. Shepherd, of McGill College, Montreal. It may be of interest to know that Dr. Shepherd is an old Halifax Medical College man, having taken his first year at this institution.

Dr. F. W. Campbell closed the first day with a paper upon "Syphilitic Gummata of the Spinal Cord, Successfully Treated by Enormous Doses of Iodide of Potassium." A most interesting paper, from the fact that this was most likely the first patient treated in

Canada by such huge doses (80 to 100 grains three times daily), and the patient being a private one, did not place himself in a position until a great many years after, so that his case could with safety be recorded; he did not die—he has only joined the exodus.

Dr. Powell, the President, announced with regret that Dr. W. H. Krock, of Ottawa would not be able to head his paper owing to illness, and also that Dr. Nicholas Senn, the Chicago surgeon, would be unable to attend.

Thursday morning, Sept. 13th, Dr. F. N. G. Starr, the general secretary, presented his resignation to the meeting. You will notice after this that Dr. Starr's resignation was not accepted and the Association are to have the benefit of Dr. Starr's able assistance for another year at least.

Dr. E. J. Berrick, chairman of a special committee appointed last year to consider the best means of dealing with the consumptive poor, including the providing of the necessary funds then delivered his report.

The report reads:

1. We heartily endorse the three following propositions, laid down and discussed in a paper read before the asaociation last year.

(a) The establishment and maintenance of the rural sanitarium in connection with each municipality or group of municipalities, for the reception of such cases as admit of a reasonable hope of cure or improvement.

(b) The erection and maintenance in connection with the sanitarium of suitable isolated buildings for the reception and treatment of such advanced cases of the disease as are unsuitable for sanitaria treatment.

(c) The co-operation of the government, municipalities, philanthropic and charitable organizations and individuals in providing the necessary funds therefor.

2. That since your committee was appointed great advancement has been made in Ontario on the lines laid down in the following propositions, viz.

(a) At the last session of the Ontario Legislature an act respecting municipal sanitaria for consumptives was placed upon the statue books.

(b) The reorganization of Toronto citizens and sanitarium committee into the Toronto anti-consumptive league.

(c) A similar organization in Guelph and steps taken in the same direction in London.

(d) The information of the Ontario and anti-consumptive league.

We heartly endorse the legislative action referred to and congratulate the province of Ontario in taking the lead in this the greatest humanitarian movement of the age.

4. We are strongly recommend the formation of a Canadian anti-consumptive league, which shall aim at unifying all the provinces and territories in the type of legislation, sanitary regulations, system of sanatoria, etc., by means of provincial and municipal league, which shall continue the campaign until a sanitarium is within reach of every consumptive in the Dominion, so that preventive measures may be applied to reduce and if possible to eradicate the disease.

At the morning's session, Montreal had her inning, when Prof. Wm. Gardner, of Montreal, read the "Address in Gynecology."

Dr. A. E. Garrow, of the Royal Victoria, Montreal, reported some very interesting operations in stomach surgery—gastrostomies, two cases; gastro-enterostomies, two cases, and pylorectomy, one case.

Dr. G. E. Armstrong, of the General, Montreal, so well and favorably known to our Maritime Society men, read a very able paper upon "Gastric Hemorrhage,"—from a surgical standpoint I will add.

Dr. A. Lapthorn Smith, also of Montreal, read a very able and instructive paper, "The Modern Treatment of Retroversion and Prolapse of the Uterus." One part of the paper is worth repeating for the sake of the poor general practitioner's patients, that is, that in Dr. Smith's opinion retroversion is too often caused by keeping the woman too still on her back after confinement. Patients should be turned from side to side and not allowed to lie upon their backs continually.

Dr. Clarence Webster, late of the Royal Victoria, Montreal, but now of Chicago, then presented the meeting with "An Unnoticed Factor in the Production of Abdominal and Pelvic Disturbances in Woman."

Dr. Bruce L. Riordan, of Toronto, closed this session with a very well written paper "Gasoline as a Surgical Detergent." From the doctor's remarks and from the remarks of several gentlemen who followed, I would advise any who have wounds made by dirty, oily machinery to try gasoline. You all know how difficult it is to get the dirty, black, oily substance out of a wound, and gasoline is said to clean this out at once.

(To be concluded in next issue.)

Truro. W. S. MUIR.

## AMERICAN PUBLIC HEALTH ASSOCIATION, 1900.

The Twenty-Eighth Annual Meeting of the AMERICAN PUBLIC HEALTH ASSOCIATION will be held at Indianapolis, Indiana, beginning October 22 and continuing until October 27, 1900.

The following topics have been selected for consideration:

GENERAL MEETING.

I. The Pollution of Public Water Supplies.
II. The Disposal of Refuse Material.
III. Animal Diseases and Animal Food.
IV. Car Sanitation.
V. Etiology of Yellow Fever.
VI. Steamship and Steamboat Sanitation.
VII. Relation of Forestry to the Public Health.
VIII. Demography and Statistics in Their Sanitary Relation.
IX. Cause and Prevention of Infectious Diseases.
X. Public Health Legislation.
XI. The Duration of Infectious Diseases.
XII. Cause and Prevention of Infant Mortality.
XIII. Disinfectants.
XIV. Municipal Sanitary Administration.
XV. To define What Constitutes an Epidemic.
XVI. On National Leper Home.
XVII. Dangers to the Public Health from Illuminating and Fuel Gas.
XVIII. Revision of Bertillon Classification of Causes of Death.
XIX. Transportation of Diseased Tissue by Mail.
XX. The Teaching of Hygiene and Granting of Degrees of Doctor of Public Health.

It has been arranged to devote one day, Wednesday, October 24, to the discussion of topics relating to sewerage and water supply. Special attention will be given to the engineering phase of this subject.

The following subjects will be presented for discussion:

I. What Constitutes a Satisfactory Water Supply.
II. The Value of Vital Statistics as an Index to the Pollution of Water Supplies.

III. Comparative Statistics of the Water Supplies of the Leading American Cities as Shown by Typhoid Fever Statistics.

IV. Conservation and Control of Water Supplies by State, Provincial and Municipal Authorities.

V. The Relation of the Analytical Laboratory to Problems in the Pollution of Public Water Supplies.

VI. The Legal Aspect of Water Pollution.

VII. The Present Status of Methods of Purification of Sewage Entering Public Water Supplies.

VIII. Sewage Purification Plants Now in Operation in America, with Reference to Public Water Supplies.

IX. Methods of Purification of Water Supplies, with a Summary of Plants Now in Operation in America.

X. Recent Progress in Europe Concerning the Purification of Water Supplies.

SECTION ON BACTERIOLOGY AND CHEMISTRY.

I. On Standard Methods of Water Analysis.

II. Laboratory Work on Tuberculosis.

III. On Obtaining Experimental and Clinical Data on the Exact Mode of Infection in Rare and Unusual Cases.

IV. Study of the Causation of Cancer.

V. Bacteriology of Milk in Its Sanitary Relations.

VI. Variations of the Colon Bacillus in Relation to Public Health.

VII. Variations of the Diphtheria Baccillus.

VIII. Bacteriology of Yellow Fever.

IX. Inter-Laboratory System of Card Cataloging for Sanitary Bibliography.

X. Use of Chemical Preservatives in Foods.

XI. Exhibition of Laboratory Apparatus and Appliances for Teaching Hygiene.

XII. Census of Laboratory Men Engaged in Sanitary Work.

Upon all the above subjects special committees have been appointed to report.

Papers will be received upon sanitary matters.

# REPORT OF THE COMMITTEE OF THE AMERICAN SURGICAL ASSOCIATION ON THE MEDICO-LEGAL RELATIONS OF THE X-RAYS.*

GENTLEMEN: At the meeting of 1897, in a paper on the "Rontgen Rays in Surgery," the Chairman of the committee made the following remarks:

"Before leaving the subject of fractures it might be well to present for discussion a few questions having a medico-legal bearing, even although it may not be possible at present to answer them finally.

"We may begin by asking whether skiagraphy has as yet given us a better understanding of fractures in general or has been the means of suggesting more efficient treatment.

"It is difficult, in reply, to point to any one definite addition to our knowledge of these injures, and so far as I know no material modification of the general rules governing the treatment either of fractures generally or of any specific fractures has as yet resulted: but individual cases, such as have been described above, it has certainly been of great utility, and is likely to become more valuable as technique improves and experience increases.

"The question whether or not the patient has the right to demand, as ordinary care, that the medical attendant should have a skiagraph of the fracture taken, I would at this time unhesitatingly answer in the negative. Until a much larger number of cases have been observed, and the pictures and the clinical results have been compared, the routine use of skiagraphy might be more harmful than useful.

"There can be no doubt, however, that skiagraphs will figure largely in suits for damages after accidents and in case of alleged malpractice. They have already been admitted as evidence in such cases, and is probable that juries will with increase frequency have to decide whether to place greater weight on deformity as shown by skiagraphs or on expert evidence as to the absence of genuine disability. It seems obvious that each case must be studied by itself, but that would it be injudicious, if not altogether unwarranted, for us to assume at present legal value of these radiographs should be considered carefully, and pictorial evidence should

*Read by the Chairman of the Committee, Dr. J. William White, of Philadelphia, at the meeting, May, 1900. Extracted from the American Journal of the Medical Sciences, July, 1900.

receive only its due amount of consideration in connection with clinical evidence. Clinical evidence should have, and does have, large weight in the question as to results after fracture and other injury. Knowledge obtained by long experience and positive indications is far more valuable than any representation visible alone to the eye."

With this review of a small portion of the existing evidence the following conclusions are respectfully offered to the Association for discussion :

1. The routine employment of the X-ray in cases of fracture is not at present of sufficient definite advantage to justify the teaching that it should be used in every case. If the surgeon is in doubt as to his diagnosis, he should make use of this as of every other available means to add to his knowledge of the case, but even then he should not forget the grave possibilities of misinterpretation. There is evidence that in competent hands plates may be made that will fail to reveal the presence of existing fractures or will appear to show a fracture that does not exist.

2. In the regions of the base of the skull, the spine, the pelvis, and the hips, the X-rays results have not as yet been thoroughly satisfactory, although good skiagraphs have been made of lesions In the last three localities. On account of the raritey of such skiagraphs of these parts special caution should be observed, when they are affected, in basing upon X-ray testimony any important diagnosis or line of treatment.

3. As to questions of deformity, skiagraphs alone, without expert surgical interpretation, are generally useless and frequently misleading. The appearance of deformity may be produced in any normal bone, and existing deformity may be grossly exaggerated.

4. It is not possible to distinguish after recent fractures between cases in which perfectly satisfactory callus has formed and cases which will go on to non-union. Neither can fibrous union be distinguished from union by callus in which lime-salts have not yet been deposited. There is abundunt evidence to show that the use of the X-rays in these cases should be regarded as merely the adjunct to other surgical methods, and that its testimony is especially fallible.

5. The evidence as to X-ray burns seems to show that in the majority of cases they are easily and certainly preventable. The essential cause is still a matter of dispute. It seems not unlikely when the strange susceptibilities due to idiosyncrasy are remembered that in a small number of cases it may make a given individual especially liable to this form of injury.

6. In the recognition of foreign bodies the skiagraph is of the very greatest value; in their localization it has occasionally failed. The mistakes recorded in the former case should easily have been avoided; in the latter they are becoming less and less frequent, and by the employment of accurate mathematical methods can probably in time be eliminated. In the meantime, however, the surgeon who bases an important operation on the localization of a foreign body buried in the tissues should remember the possibility of error that still exists.

7. It has not seemed worth while to attempt a review of the situation from the strictly legal stand-point. It would vary in different States and with different judges to interpret the law. The evidence shows however, that in many places and under many differing circumstances the skiagraph will undoubtedly be a factor in medico-legal cases.

8. The technicalities of its production, the manipulation of the apparatus etc., are already in the hands of specialists, and with that subject also it has not seemed worth while to deal. But it is earnestly recommended that the surgeon should so familiarize himself with the appearance of skiagraphs, with their distortions, with the relative values of their shadows and outlines, as to be himself the judge of their teachings, and not depend upon the interpretation of others who lack the wide experience with surgical injury and disease necessary for the correct reading of these pictures.

[These conclusions were unanimously adopted as expressing the views of the American Surgical Association.]

# Matters Personal and Impersonal.

Dr. H. V. Hogan has opened an office on Brunswick street.

Drs. A. I. Mader, of this city, W. S. Muir, of Truro, T. D. Walker, of St. John, and J. Hayes, of Nelson, attended the Canadian Medical Association meeting at Ottawa and were greatly pleased with all the proceedings.

Mr. G. W. Mingay, the well known representative of Messrs. Parke, Davis & Co., has been transferred to the district north of Toronto in the province of Ontario. Mr. Mingay has looked after the interests of his firm in the maritime provinces for the past six years and will be much missed by the profession with whom he was always a welcome visitor. His successor will be T. G. Ryley.

At a meeting of the Cape Breton Medical Society held at Sydney on August 27th, Sir Charles Tupper was elected an honorary member in recognition of his services to the profession and country,

Dr. J. F. Pineo, of Chester, was married on the 20th inst., by Rev. Mr. Bent, to Miss Ida May Mills, of the same place.

Dr. A. McD. Morton, of Bedford, was united in marriage to Miss Bessie A. Reid, of Halifax, on the 25th inst. The ceremony was performed in the First Baptist Church by Rev. A. C. Chute, a large number of friends witnessing the happy event.

The News extends its hearty congratulations and best wishes to the above couples.

New Home for J. B. Lippincott Company.—An important transaction has just been concluded by which a number of old-fashioned dwelling houses on East Washington Square, Philadelphia, have passed from the ownership of the heirs of the famous lawyer, Horace Binney, and will soon be torn down to make way for a fine building to be occupied by J. B. Lippincott Company, whose old home on Filbert Street, above Seventh was burned down some months ago. Possession is to be given by September 14th, and it is expected that the demolition of the old structures will begin soon after. The site is considered a very eligible one for the Lippincott Company, as it has light on three sides, is very central and they will be enabled to promptly issue and increase their excellent line of medical publications by standard authorities. By the way, their new catalogue, just issued, is handsomely illustrated with excellent portraits of many of America's leading medical writers.

Many historic recollections cluster about the property just sold. They stand on the ground once occupied by the old Walnut Street Prison, built before the Revolution, and in which during the struggle the English confined American prisoners during the former's occupation of Philadelphia.

# Matters Medical.

## QUACKERY IN THE PROFESSION.

Some time ago, owing to unsavory methods, the authorities in Belgium politely but firmly requested that a certain physician practising there seek other and greener fields for the pursuance of his labors. This physician was an American, imbued with the spirit of liberty and tolerance of his native soil, courteously thanked the powers for their invitation, but stated that, owing to certain inherent principles in his eagle-screaming, stars-and-stripes disposition, he felt compelled to decline. The result was that the authorities, this time with more firmness than politeness boxed him up, labelled him "America," and shipped him home, where he is now practising without molestation, a sad commentary on the ethical standard of American professionalism.

There are many varieties of quacks, ranging in degree from the man in whom the attribute of honor is a negative quantity to the neophite, who, within twenty-four hours after the solemn ceremony of posting his professional sign upon the front of his house, drives a disgusted and perspiring horse frantically down the street as an outward mark of a prosperous practice. The quack is indigenous to the soil of no particular locality, but the special providence that oversees the disposition of these gifts to the profession has been especially prodigal toward America, and it is to a few of the most popular methods of this class that we desire to call attention.

Prince of these is the man who will promise anything provided he will be paid for it. He is a past-master in the art of wheedling the almighty dollar from the pockets of those who have the misfortune to consult him, and the methods to which he resorts for this purpose are, to be most charitable, unsavory. Incurable diseases are as babies in his hands, and locomotor ataxia, multiple sclerosis, and epilepsy are his favorite bait. It is past understanding why this genius has not long ago been driven from the profession.

The next exponent of perverted medical ethics is of an entirely different variety. He is a man seemingly without principle. One of the few delectable ways and means this man pursues in adding to his practice follows: He has a number of commissioned hirelings, whose work it is to call him in when they are requested to summon some other physician. Upon his arrival he informs the patient that the physician for whom the call was intended is either out of the city or too busy to attend, and that he has been sent in his place. Horsewhipping,

judiciously administered until its physiological effects are apparent, may be considered almost a specific in such cases. That such a class of men are allowed to practice is another mystery to be solved by our State boards.

The man with the exorbitant consultation fee is certainly deserving of a membership in this Amalgamated Order of Quacks. A fee of a thousand dollars is considered "reasonable." His assumption is really marvellous, but perhaps, after all, he is but poorly paid for the words of wisdom that fall from his lips. We who have not attained his eminence must observe all due respect. Allah is great!

An unusually popular but disgusting method is for the aspirant for prosperity in the field of medicine to attempt to lie himself into a practice, and the remarkable part of this method is that in the vast majority of instances it is successful. Such a disciple of Ananias is invariably in a seething rush of business. He assails your ears with tales of innumerable hysterectomies, laparotomies, and amputations; complains of his inability to snatch enough time from the stress of his duties to obtain a whole night's rest, or modesty speaks of the thousands of dollars he made during the preceding month. To the practitioner of medicine these visionaries appear in their true light, but to the average layman, to whom the profession is a sealed book, these fabrications of a diseased imagination take on the garb of probabilities. The layman, as a rule, can not differentiate between a quack and a physician.

Another, who, like Artemus Ward's kangaroo, is "an amoosin kuss," is the man who makes his entrance always at just the crucial moment, dramatically seizes the patient by the scruff of the neck and snatches him from the very maw of devouring death. Whereupon the patient, being human, and with the human conceit attendant upon a postponed visit to the other shore, ever afterward poses as a living example of the skill of this physician.

Last, but by no means least in point of numbers, is the physician who is his own press-agent. He zealously chronicles his goings and his comings with an energy worth of a better cause. It is not an infrequent occurrence for him to telegraph ahead of his expected arrival home, so that his extensive clientèle may be notified. No matter how trivial the accident, he invariably notifies the papers, never omitting to state that "Dr. So-and-So was summoned." That these men should waste their talents upon medicine proves a sad blow to journalism.

It is passing strange that most of the class chronicled herein, by some occult means of auto-suggestion, have become so blinded to the ridiculousness of their position that they must needs be shown. Let the profession have done with the men who so prostitute its aims. As for those whose antics are merely amusing, let them take this bit of homely philosophy of Bobbie Burns to heart:

"Oh, wad some power the giftie gie us
To see oursel's as others see us!
It would frae mony a blunder free us,
And foolish notion."

—*American Practitoner and News.*

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The preparation is manufactured in the most perfectly appointed laboratory in America, under the supervision of expert chemists, and is in every way guaranteed to meet the many requirements for which its properties render it useful.

# Notes.

## A SINUS TO THE KIDNEY.

By T. J. Biggs, M. D., Stamford, Conn.

Edward C——, age 36; American: admitted March 21st, 1900. Diagnosis: A sinus in back on right side leading down to the pelvis of right kidney. This condition was the result of an operation performed three years before at Bellevue hospital for the removal of the suprarenal capsule. After the patient had been discharged from Bellevue, he started in about his work, but had to give it up at the end of six months, complaining of great pain over the affected side. He being a resident of Boston at that time, entered the wards of the Massachusetts General Hospital, and was there operated upon for closure of the sinus. The operation was without result. He underwent a second operation, which was also a failure. A third operation was performed, and this also resulted unfavorably. He says he was discharged, the surgeon there telling him that unless he had the kidney removed, nothing more could be done for him.

On March 22nd, I made a careful examination, and found the sinus leading directly down in almost a straight line to the pelvis of the kidney, and that it was kept in a highly irritated condition by the constant escape of urine. I advised operation, but this he stubbornly refused; therefore without any definite promise, I started in to accomplish the best result possible by other means. I first began by sterilizing the kidney by the internal administration of a half gram of urotropin dissolved in water and given three times daily. Coincident with the beginning of this, I irritated the walls of the sinus with a small dermal curette, and packed it with sterilized gauze soaked in bovinine pure. This packing was changed every three hours.

On April 1st, the sinus had begun to heal from the bottom. Packing still continued.

On April 6th, the bottom of the sinus had healed, so that now no urine escaped. Bovinine packing was continued, great care being taken not to break down the new forming tissue at the bottom of the sinus. The patient was also, from the beginning of the treatment, put on a wineglassful of bovinine internally every three hours in lime water.

April 10th, the sinus had healed for half its length, and the rest of the cavity was in a sweet, healthy condition. Packings of bovinine continued.

On April 14th, the packings were discontinued and bovinine pure dropped into the sinus, and a wet bovinine pack was applied, and retained by means of a roller bandage. This was changed three times in 24 hours.

April 29th, the patient was discharged cured, the sinus having completely healed and the patient's general condition greatly improved, he having gained eight lbs. in weight.

## THE EFFECT OF CODEINE.

The *Medical Record* (March 3, 1900) quotes the following from an article by Dr. G. J. Lochboehler in the *Journal A. M. A.* (Dec. 2, 1899) : In epidemic bronchitis codeine is a valuable remedy for the relief of the harrassing pain of the cough, and when combined with one of the coal-tar antipyretics the analgesic effects become more pronounced. It is a favorite drug in the cough of phthisis and chronic bronchitis, and its sedative influence is highly satisfactory, clinical data having shown it to be the best succedaneum for opium. Another advantage of codeine over morphine derivatives and one of special value in bronchial affections, is that the patients not only cough less but also expectorate more easily than after taking any of the morphine derivatives. The cough-dispelling power of codeine is such as to make it indispensable in phthisical patients, and a point of great importance in the cases is that it does not impair the appetite or digestion, never produces nausea, and can therefore be used uninterruptedly for months. For the many bronchial and laryngeal neuroses, the exhibition of codeine in combination with antikamnia (antikamnia & codeine tablets) meet with well merited sanction.

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I think I am almost peculiar in my practice of not recommending proprietary medicine. The merits of sanmetto are such, however, that I cannot refrain from adding my testimony relative to its merits. I have used it quite extensively, and it has never disappointed me. It is one of our positive remedies; indeed it is one of our few therapeutic certitudes. I heartily commend it to the confidence of all physicians.

Cleves, Ohio. W. C. Cooper, M. D.

1865 Cincinnati Ecl. Institute; Member Ohio State Ecl. Med. Sec., Author of "Tethered Truants."

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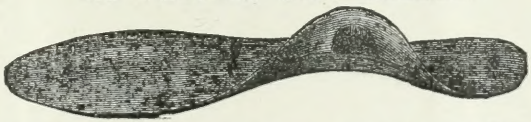

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DOSE.—For an adult, one table-spoonful three times a day, after eating; from 7 to 12 years of age, one dessert-spoonful; from 2 to 7, one teaspoonful. For infants, from five to twenty drops, according to age.

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